

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-048571

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

12086

FILED DEC 21 1962

VS 300
Rev. 4/59

1

281297

3

4 0

5 1

6

7 0

8 1

9

10

11

1269-0

13

69

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		c. CITY OR TOWN	
Length of stay in 1b		Inside Limits	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Inside Limits		Reside on Farm	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			
First Middle Last			
Fred Marlow Massie			
5. SEX		6. COLOR OR RACE	
Male		White	
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH	
11-6-1897		65	
9. AGE (last birthday)		IF UNDER 1 YEAR	
Months		Days	
Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
Locomotive Engineer		Railroad	
11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY	
SALEM, MISSOURI		U.S.A	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	
John L. MASSIE		SARAH COLE	
14. NAME OF HUSBAND OR WIFE		Chloe Massie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT	
		FRED MASSIE Jr. Dupo, Illinois	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a)		2 days	
DUE TO (b)		6 Mo.	
DUE TO (c)		150x	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days.	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from December 7, 1962 to December 15, 1962		I first saw him alive on Dec. 15, 1962	
Death occurred at 7:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title)		22b. ADDRESS	
J. R. Enicione MD		1755 S. GRAND - ST LOUIS, MO	
22c. DATE SIGNED		12/17/62	
23a. BURIAL CREATION, REMOVAL (Specify)		23b. DATE	
Burial		12/18/62	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Not known		St. Petersen Burial Co. Missouri	
24. FUNERAL DIRECTOR		25. DATE RECD. BY LOCAL REG.	
Dassner Funeral Home - Dupo, Ill.		DEC 17 1962	
26. REGISTRAR'S SIGNATURE		27. REGISTRAR'S SIGNATURE	
		Earl Smith, M.D.	

USE BLACK INK
OR
TYPEWRITER RIBBON

815
SEP 1 8 07 PM '71

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Harold C. Daskin*

Licensed Embalmer No. 4621

P. O. Address *Drugs 22*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.